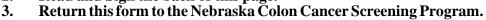
Mailing Address: Nebraska Colon Cancer Screening Program - 301 Centennial Mall South, P.O. Box 94817-Lincoln, NE 68509-4817

Enrollment Form for Men & Women 50+

1. ALL QUESTIONS MUST BE ANSWERED. Please print. Fill in as much as possible.

2. Read and Sign the back of this page.







Version October 2009 Coal-10

First Name	Middle Initial	Last Na	me			Maio	den Nam	e (if applicable)		
Birthdate	Age	Geno N	der I / F	Soci	al Security	#				
month day yea Address	r	City			County		State	Zip		
Home/Cell Phone circle one () Contact person:	()			□Doctor/C □Agency	you hear abo linic □Family □Self-referral	y/Friend l □Ou	ls □News treach Work	paper/radio/TV		
Address: City: What race or ethnicity are you American Indian Tribe Black/African American	State:Zip:			Are you of Hispanic/Latina/Latino origin? — Yes						
□White □Pacific Islander □ Other	Pacific Islander Other				Highest grade in school you completed: <i>circle one</i> 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+					
I will be required to show proof that my income is within the NCP income guidelines when I am contacted by the NCP staff. If I am found to be over the income guidelines, I will be responsible for my bills.										
What is your household income before taxes? How many people live on this income? Yearly Income: \$										
Do you have: Medicare Part A and B Medicare Part A only Medicaid (full coverage for self) None/No Coverage Private Insurance with or without Medicaid Supplement (please list)										
Is your insurance an	HMO?	□Yes	□No	An HM	10 is a health	mainte	enance org	anization.		
Family History: How many 1st degree relatives, excluding yourself, (parents, brothers, sisters, children) have been told they have colon cancer or rectal cancer? □0 □1 □2 □3+ □Don't Know How many of those family members with colon cancer were under the age of 60? □0 □1 □2 □3+ □Don't Know			Personal History: Have you ever had any of the following tests?: Fecal Occult Blood Test (FOBT) Yes No Don't Know Date/_/ What did your doctor say about your exam? Was your exam: Positive Negative Colonoscopy Yes No Don't Know Date/_/							
How many 1st degree relatives, excluding yourself, (parents, brothers, sisters, children) have been told they have polyps in the colon? 10 1 2 3+ Don't Know How many of those family members with polyps were under the age of 50? 10 1 2 3+ Don't Know				What did your doctor say about your exam? Were there polyps removed? □Yes □No □Don't Know Sigmoidoscopy □Yes □No □Don't Know Date// What did your doctor say about your exam?						
(parents, brothers, sisters, children) have been told they have other types of cancer? □0 □1 □2 □3+ □Don't Know				Were there polyps removed? □Yes □No □Don't Know Double Contrast Barium Enema (DCBE) □Yes □No □Don't Know Date/_/ What did your doctor say about your exam?						

Nebraska Colon Cancer Screening Program Enrollment Form (continued)

Personal History: (continued) Have you ever been told by a doctor, nurse, of Crohns Disease Familial Adenomatous Polyposis (FAI Hereditary Non Polyposis Colorectal Inflammatory Bowel Disease (IBD) Ulcerative Colitis Are you currently under a doctor's care for an	Cancer (HNPCC)	☐Yes☐Yes☐Yes☐Yes☐Yes☐Yes☐	□No □No □No □No	□Don't Know □Don't Know □Don't Know □Don't Know □Don't Know □Don't Know					
Within the last 30 days have you had bleedin	·	ΠVas	□No	□Don't Know					
Have you ever been told that you have had po		□Yes	□No	□Don't Know					
Have you ever been told you have had colon If yes, when were you diagnosed?	or rectal cancer?	□Yes	□No	□Don't Know					
Please tell us who your primary care doct	tor is (name of doctor):								
Name of clinic:									
 I want to be a part of the Nebraska Colon Cancer Screening Program (NCP). I understand that I must be 50 years of age or older and fall within the income guidelines in order to be eligible for enrollment. I also understand that I need to complete an enrollment form every year in order to participate in the NCP. If I am under 50 years of age, I know I cannot be a part of the NCP (there are no exceptions). I understand that the NCP will look at my health history and tell me what colon cancer screening test is best for me if I am eligible to participate. Based on my health history, I may receive screening and/or health education materials. I know that if I move without giving my mailing address to NCP, I will not get reminders about screening. Based upon my health history and what type of test is best for me, I know that the NCP may provide me with a Fecal Occult Blood Test (FOBT) kit and/or assist me in scheduling a colonoscopy. If I am enrolled in the program and receive an FOBT from the program and have a positive test, it may be followed up with a colonoscopy. If I receive a colonoscopy through the NCP I understand that I will be asked to pay 10% of the cost. I understand that my payments will help others with colonoscopy costs through the NCP. I have talked with my healthcare provider about the screening test(s) and understand possible side effects or discomforts. I have talked with the clinic about how I am going to pay for any tests or services that are not paid by the NCP. I understand that the NCP does not pay for treatment if diagnosed with colon cancer. NCP staff will assist me in finding the most appropriate treatment resources. My doctor, laboratory, clinic, radiology unit, and/or hospital can give the results of my colorectal sceening, diagnostic tests, and/or treatment services to the NCP. To assist me in making the best healthcare decisions, NCP may share clinical and other healthcare informa									
, and I agree to		us and alien n n request.	umber a	are as follows:					
	his information may be used to verify my lawful pr								
Signature Places Print Name		Date of		ure					
Please Print Name		Date of	Birth						